

Granville MacGowan, Los Angeles; "Traumatic Pneumonia," O. P. Askam, Mountain View; "Chronic Ethmoiditis in Its Bearing Upon the So-called Chronic Catarrh of the Nose and Throat," Redmond Payne, San Francisco; "Report of a Case of Nephrectomy for Multiple Calculi," and "Of a Case of Rupture of Bladder," Geo. A. White, Sacramento; "Some Observations on Railway Hygiene," B. Woodridge, Rocklin.

COUNTY SOCIETIES.

Alameda County.

Regular monthly meeting, October 11th, the president, Dr. J. Maher, in the chair. Dr. L. L. Riggire read a paper on the subject of "Nostrums." The doctor defined nostrums as being extra-pharmacœpial in their relation and more or less secret or proprietary in their origin. Although the sale of this class of drugs is steadily increasing, yet very few men have grown wealthy through handling them, because of the great expense of advertising. It is a lamentable fact that the medical men of to-day are prescribing proprietary remedies more than ever before. The smooth-tongued commercial traveler beguiles the unwary doctor to stultify himself and lend an aid in the swindling of the public.

Dr. L. P. Adams then read the histories of two cases of cystic kidneys. One case was diagnosed during life, the other only at autopsy. In summarizing, the doctor said that accurate diagnosis of bilateral cystic affections of the kidney was difficult, due especially to the fact that cases are seen with signs of cardiac insufficiency and dyspnea, and thus very little attention is directed to the kidneys, or that they are attacked with sudden coma or uremia; but slight aid can be rendered the patient when this condition is recognized. Blood and urine examinations are not constant confirmatory evidence of the lesion. Any surgical procedure is necessarily unsafe. That the most reliable signs and symptoms are the high arterial tension, cardiac hypertrophy, a constant low urea excretion and the presence of an indefinite mass in each renal region.

J. M. SHANNON,
A. S. KELLY,
Publication Committee.

Butte County.

The regular meeting of the Butte County Medical Society was held October 8th, in the offices of Dr. Musgrove, Chico.

After passing resolutions of sympathy for the late Dr. J. T. Harris, Dr. Musgrove read a very interesting paper entitled "Sanitation in Towns." Dr. Philo Hull opened the discussion, and all present offered suggestions as to the best methods to prevent the spread of disease in towns.

A committee was appointed to bring charges against and prosecute an illegal practitioner, Dr. Wah Hing (Chinese).

Whereas, In the death of Dr. J. T. Harris, the Butte County Medical Society has sustained the loss of an earnest and much respected member, his fellow practitioners a true friend and an able counselor, and the community a conscientious and devoted physician; therefore be it

Resolved, That we extend to his bereaved family in their hour of sorrow this last token of our respect and esteem; and be it further

Resolved, That a copy of these resolutions be sent to his family, and a copy also forwarded to the STATE JOURNAL, for publication.

Respectfully submitted,

D. H. MOULTON, M. D.,
L. C. PERDUE, M. D.,
W. B. JOHNSON, M. D.,
Committee.
D. H. MOULTON, Secretary.

Humboldt County.

At the time of the September meeting of the Humboldt County Medical Society Dr. George C. Pardee, Governor of California, was visiting Humboldt, and instead of holding the regular meeting, it was decided to give a reception and smoker to Dr. Pardee. The reception was held at the Chamber of Commerce rooms, and was attended by about thirty of the county physicians.

Dr. G. W. McKinnon, president of the society, introduced Dr. Pardee, who gave the members a very pleasant half hour's talk, dealing with some of his experiences while practicing medicine. After this, cigars were in order until about 9:30 o'clock, when Dr. Pardee had to leave to keep another engagement.

The regular October meeting was held in Eureka, Tuesday evening, October 11th. Considerable time was spent in discussing the best method of dealing with illegal practitioners, some of whom are in Humboldt. It was decided to leave the matter to the legislative committee of the society, who were given power to act as they thought best.

The paper of the evening was read by Dr. John J. Gaynor, of Eureka, on "Muco-Membranous Enterocolitis." Dr. L. P. Dorais, of Eureka, reported a case of chronic suppurative otitis media in which he had removed the ossicles; patient made a good recovery, and hearing in affected ear is fairly good since operation. Dr. C. O. Falk, of Eureka, reported a case of hysteria in a girl of fourteen, in which, on three or four different occasions, parents reported that child had not passed urine for four or five days. She was placed in a hospital, under the care of a nurse, and on each occasion, under careful watching, it was found that she passed a normal quantity of urine in twenty-four hours. The child succeeded in deceiving the parents completely when at home.

G. N. DRYSDALE, Secretary.

Orange County.

The Orange County Medical Society met in regular session Tuesday evening, Oct. 4th, with fourteen members present. Considerable time was consumed in reading and adopting a fee bill. Dr. J. I. Clark was elected to membership and the application of Dr. Jessie M. Burlew was filed. Dr. Burlew comes to occupy the offices of Dr. R. A. Cushman, who left the first of the month to enter upon his duties as assistant physician in the asylum at Ukiah, Cal. Dr. Royer read a very interesting paper on the old, old subject "Anesthetics in Obstetrics" which brought out the usual discussion this subject always does.

H. S. GORDON, Secretary.

Sacramento County.

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. G. C. Simmons, August 23rd. The president, Dr. Henderson, occupied the chair, and the following members responded: Drs. W. A. Briggs, Cartwright, Foster, Henderson, Krull, Lindsay, McKee, Nichols, Parkinson, Ross, G. C. Simmons, G. L. Simmons, Strader, Twitchell, J. L. White, Wright and Wheeler. Dr. Henderson presented the name of Dr. Miner as an applicant for membership in the society. The application was allowed to take the usual course. Dr. Cartwright presented a case of a woman aged 67 who had recurrent appendicular trouble and who refused operation; she had also a troublesome recurrent neuralgia of the inferior maxillary division of the fifth nerve. The paper of the evening was read by Dr. G. C. Simmons on "The Present History of 'N' Rays." Discussion was opened by Dr. E. W. Twitchell. Dr. Twitchell thought that on account of the doubt as to the existence of "N" rays, a discussion of their properties was rather premature.

Several prominent investigators had been unable to demonstrate the presence of the rays. One prominent man spent fourteen days in a fruitless attempt to find them. But if rays of such a nature could be demonstrated, with their alleged qualities, they would be a boon to medicine. Dr. W. A. Briggs thought that the positive testimony as regards the existence of the rays was better to be accepted rather than negative testimony. Several other members joined in the discussion, after which the meeting adjourned. J. W. JAMES, Secretary.

San Joaquin County.

The regular meeting of the San Joaquin County Medical Society was held at the office of Dr. R. B. Knight, September 27th. During the vacation months of July and August the society holds no meetings. Dr. Knight read a paper on "The Value of Antitoxin in Diphtheria." In this city and immediate neighborhood the doctor recently treated twelve cases; every case was of most severe type. Antitoxin was used in every case. All recovered with the exception of two patients in the country. These cases were well advanced and without treatment during their illness of a week. Both died of paralysis of the larynx and the doctor believes that the antitoxin had no effect on the result. The paper was liberally discussed. The next meeting will be held at the office of Dr. S. E. Latta.

BARTON J. POWELL, Secretary.

San Francisco County.

The meeting was called to order at 8:45 o'clock, the president, Dr. Rosenstirn, in the chair. Minutes of the previous meeting were read and approved by the Society.

Propositions for membership: Drs. Mary Turnbull, Millicent Cosgrave, James Hannah, Arthur Hirschfelder, Max Magnus, Wm. F. Blake.

Report of Committee on Admissions: Drs. A. H. Wright, Morton E. Hart, F. H. Zumwaldt, J. W. Gunn, Jr., James K. Hamilton, Anna E. Sweet, Russel W. Preston, C. N. Ellinwood, Louis Jacobs, J. A. Ellis, and B. Thomas were elected members of the Society.

Dr. Huntington presented an old case of bone transplantation. You will recognize this case as the one of bone transplantation which I presented before. It was a case of osteomyelitis. The other time he was walking on the side of his foot because the lower end had not been transferred to the lower end of the fibula. This has since been done.

Discussion on "A Series of Cases With Multiple Nerve Lesions," by R. L. Ash, and "Joint Lesions in Nervous Diseases," by H. C. Moffitt.

Dr. S. J. Hunkin.—I think we should feel greatly indebted to Dr. Moffitt for showing us many things which we did not know. This woman whom he has presented I saw many years ago and made a diagnosis of sarcoma. There was no question in my mind about it and I was very easily mistaken. I see very few joint cases due to nervous lesions. Once in a while I run across a knee case which I think is tabetic. I had never seen a hip which I thought was tabetic. I had a case of hysteria in a young woman about 17 or 18. She had spinal tuberculosis and had been treated for it. She had developed a hip joint lesion, and after some months developed some peculiar nervous symptoms which I recognized as hysteria. After a little while I decided that she had a hysterical hip. It took me about one minute and a half to cure her and she has remained well ever since. I have had several hysterical hip joints but none quite so well marked as that one. The girl had a swelling around the hip joint over 2 inches.

Dr. C. G. Levison.—Dr. Moffitt laid stress upon the possibility of error in diagnosis of Charcot's

joint. I have seen a number of errors in that way. I have seen such legs amputated for osteoma. At the same time I feel that a surgeon who has a Charcot's joint will seldom make the mistake. During the last few years I have come in contact with a number of orthopedic conditions. The difficulty does not lie in recognizing the condition, but in recognizing a condition that is not a fully developed tabes. Under ordinary circumstances the surgeon examining a nervous case at once suspects an orthopedic condition, and looks for the knee jerk; if he gets a knee jerk he is satisfied that the patient is not suffering from tabes. As a matter of fact the neuropath to-day, if we have delayed knee jerk, if the Achilles reflex is absent or one or more sensory changes present, diagnose tabes. Mistakes are made in this way. These conditions will occur every once in a while in individuals with beginning tabes. The principal point is that we operate on patients with knee jerk which I believe at times are beginning tabetic conditions. Many of these cases do very well. We have the Charcot joint infection where we do not have surgical interference. My experience is that in these conditions we get fairly good surgical result.

Dr. D. A. Stapler.—Referring to neurotic edema, I saw a case in a young boy 15 years of age; after coming home from the baths he had a sharp pain in the penis. The penis swelled to three or four times its normal size. Next day the swelling was in the lower part of the right arm, and upper part of the forearm, which lasted several hours. The diagnosis was angioneurotic edema. Bromide of potassium may be used to advantage to prevent the recurrence of these attacks.

Dr. Emmet Rixford.—I am interested in the matter of diagnosis of these conditions. Recently I have had a patient in the City and County Hospital with Charcot's joint or neurotic condition of the joints of the foot with enormous hypertrophy. In that case the tabetic symptoms were in their incipency. The knee jerk was present but there was slight interference with sensation in the lower extremity. There was no tabetic gait; there was hypertrophy of the bone about the attachment of the synovial membrane to the joint. The man was almost unable to walk from the impingement of the bony process. There was really nothing to do for the case except amputation, which was done and the wound healed without trouble. The man has been well ever since as far as that particular condition was concerned. The patient whose radiograph was shown, with the tabetic elbow and shoulder, with great hypertrophy of bone, it was my pleasure to see with Dr. Reynolds and I was greatly interested in it. Of course this trouble is more frequent in the lower extremity than in the upper. With regard to surgical prognosis of such cases the clinical course is not comparable to ordinary infected elbow joints, which is a pretty serious matter when the infection is with the germ.

Dr. H. B. Reynolds.—The case justifies a little further description. The case was so typical that it really offered no difficulty in diagnosing after the condition was once thought of. It presented so many typical features that it may be well to go over them. The man came to the clinic complaining of an enormous swelling of the shoulder. It had come up, as Dr. Moffitt says, in the course of the night. He said in the history that the same thing had occurred in the elbow eighteen years before and the fact of its having occurred in the same sequence made me think the two were associated. Eighteen years before he had had an enormous swelling of the elbow coming on in the same way and in a short time the swelling had disappeared, and thereafter there was no interference with function and no pain. That it had gone on for the period of eighteen years, a slow growth, until this accident, is shown in the

radiograph. The shoulder was in the condition described and after thinking of various things, among which we considered sarcoma of the elbow joint, which we eliminated, we came to the conclusion that it was neurotic; syringo myelia which he had had for eighteen years. The symptoms consisted of atrophy of the entire ossii of the thumb and insensibility to pain and temperature in the whole left arm. Also some scoliosis which must have been one of the ordinary symptoms. The swelling of the shoulder was enormous; apparently in the shoulder as well as in the bursa around it. After staying in the hospital it gradually went down but did not entirely disappear. He left the hospital after some weeks and the joint will probably go on in the same way. The elbow presented hypertrophy and atrophy in the same joint. The shoulder was purely atrophic type. The upper end of the ulna hypertrophied. Radius not involved at all.

Dr. C. M. Cooper.—If one takes a number of locomotor cases it will be found that the large percentage occurs in the poorer classes. They all probably have had preliminary injuries. The important question is the treatment. I have seen several of these locomotor joints treated in different ways. Two or three of them were kept at perfect rest immediately following their occurrence and the effusion disappeared. I think the recognition of this kind of joint is important, in as much as with the proper kind of treatment we can get good results. I have seen two or three interesting cases at the hospital. There has been a man there supposed to have an osteo deformans of the spine. Impossible to bend and had to walk with sticks. There was a hyperactivity of the thyroid gland. He was treated with milk diet and sodium phosphate with the result that the rigidity disappeared. He is now able to walk about and can bend over. Same with Parkinson's disease. We have a man with definite symptoms of Parkinson's disease, tremor, voice symptoms, arthritis in both hip and shoulder joints; but already on paying attention to the diet much of the rigidity has passed off and he is able to walk with one stick. We should all recognize the fact that with the proper kind of treatment at the proper time we can do a lot for these cases.

Dr. H. C. Moffitt.—There is a great deal to say on this subject, a great deal of the work should be emphasized. A great deal of work can be done in the early recognition of these joints by the X-ray, showing that although trauma may have a determining influence, there are changes in the bones. This early recognition and treatment will help in the non-production of the severe type. It is the joint before it becomes the typical joint which we must recognize. With regard to surgery; surgery is justifiable, and is demanded in many of these cases. It is necessary to emphasize that these joints are benignant. Many men have worked with suppuration in the wrists or elbows. They may discharge through sinuses. It is important to bear in mind that these sinuses may discharge quite a distance from the joint. There are cases reported operated upon without anesthetic. The patients feel the movement but no pain, and watch the course of the operation.

Paper by Dr. C. B. Spaulding: "Report of a Case of Pyelitis in Pregnancy: Remarks on the Vorhee's Bag."

In the discussion, Dr. Adelaide Brown said: "I have had some experience with these bags, and have failed once in a case of eclampsia. Left the bag in 18 hours, and at the end of that time there was no dilatation. The woman was a primipara, with tremendous edema of the whole body, and I think that the bag probably softened the cervix some, and decision was necessary. Except for that, these cases have been successful. We have used them a great many times."

Paper by C. F. Welty: "Radical Mastoid Operation, With Presentation of Two Cases."

Dr. Kaspar Pischel said, in discussion, that the ear surgeons are greatly indebted to Dr. Welty for drawing again the attention of the profession to the dangers of chronic otorrhea and to the importance of curing it by an operation. The operation must always be considered a serious one. Even the most experienced operators have sometimes injured the facial nerve.

Dr. Emmet Rixford.—This is a subject of the greatest importance. Of course a good deal of the matter can be best taken care of in a meeting of aurists and specialists; still the general bearings of the matter are of enormous importance. One point of importance is the danger of letting such chronic otitis media alone. Chronic otitis media is not necessarily tuberculosis, it is more apt to be a streptococcus infection, or myelitis. The trouble is how to treat these cases; if you do not operate, the patient is subjected to danger of cerebral infection. The bacteria will travel, and may set up a brain abscess. It is much better to do a radical operation. The cure in the radical operation will depend upon the thoroughness of the surgeon in removing not merely the dead bone, but in cleaning out the whole of the mastoid region, the cells which lie over the meatus as well as those behind. The operation is best done with the burr, by which you can have control of the field.

Dr. Thomas W. Huntington.—The doctrine that is preached here to-night is the correct doctrine for surgery in general. In any condition dependent upon a covered area of infection, the proper course is to uncover that area. I think that the early procedure is the proper one, and the one that should be carried into every department of bone surgery. I see no reason for the otologist standing upon different ground.

Dr. C. F. Welty.—It is surprising to me that more of these cases are not operated upon; that is the thing I cannot understand. The reason that I have read this paper here to-night is to get an expression from the general practitioner why these patients are not operated on. A certain number of these patients die every year right here. There are a certain number of specialists who do not advise operation. I think the only way to cure these patients is to operate on them. Treating them for a month or a few months does not get them well.

Unfinished business: Report of Dr. Allen, chairman of Executive Committee, read. Moved and seconded that the report be adopted and placed on file.

A substitute motion was made and seconded that a conference be held between the present Executive Committee and the Executive Committee nominated. Carried.

To the Members of the San Francisco County Medical Society, Gentlemen:—Your Nominating Committee herewith respectfully presents the following names to fill the various offices and committees for the ensuing term.

Signed,

S. S. KAHN,
WM. FITCH CHENEY,
H. A. L. RYFKOGEL,

Committee.

President, Emmet Rixford; first vice-president, Philip King Brown; second vice-president, Lois Nelson; secretary, A. W. Hewlett; H. E. Alderson, nominated by W. F. Barbat, seconded by T. V. Huntington; assistant secretary, James Pressley; treasurer, F. R. Dray; librarian, W. I. Terry; trustees, H. Gibbons, Jr., W. W. Kerr, L. L. Dorr.

Committee on Admissions—W. Francis B. Wakefield, A. W. Morton, Morton Gibbons, Alfred Newman, Herbert W. Allen.

Committee on Ethics—George H. Evans, S. J. Hunkin, H. D'A. Power, E. G. Frisbie, D. A. Stapler.

Committee on Finance—E. L. Wemple, A. B. McKee, M. Krotoszyner.

Committee on Library—W. I. Terry, C. M. Cooper, C. Quinan.

Executive Committee—F. B. Carpenter, Geo. Blumer, Dudley Tait.

Committee on Public Health—H. A. L. Ryfkogel, E. S. Merritt, J. M. Williamson, W. A. Martin.

Delegates to the State Society—J. H. Barbat, Geo. Blumer, C. M. Cooper, W. F. Cheney, Emmet Rixford, J. Rosenstirn, H. A. L. Ryfkogel, H. M. Sherman, W. I. Terry, W. F. B. Wakefield.

Alternate delegates—M. Krotoszyner, F. G. Burrows, K. Fischel, J. M. Moss, H. C. Moffitt, R. L. Rigdon, L. Newmark, H. B. A. Kugeler, C. H. Rosenthal, Geo. Goodfellow, T. W. Huntington, Philip King Brown, Henry Harris, L. C. Deane, F. Ebright, H. D'A. Power, E. E. Kelly, D. A. Stapler, C. Quinan, H. Morrow.

The following delegates were elected last year for two years: J. A. Black, F. B. Carpenter, F. R. Dray, E. G. Frisbie, A. B. Grosse, S. J. Hunkin, C. G. Levi-son, C. S. G. Nagel, G. B. Somers, W. F. Southard.

Note of resignation from Dr. J. V. Middleton of Washington read. Moved that resignation be accepted.

Adjourned at 11:45.

Santa Clara County.

The meeting for the month of October was made the occasion for a general gathering of the physicians of the county, and was devoted to a discussion of the value of the state law, the method of its operation, and the general value of organization. (We will endeavor to publish a more extended report of this meeting in a subsequent issue.) Dr. Fowler read a paper giving his results with spinal anesthesia, which method he had employed 69 times without difficulty or complication. He considered it of the greatest value. The paper was discussed by Drs. Morton, Tait, Goodfellow and W. S. Thorne, of San Francisco. The meeting then adjourned to reconvene at the banquet table. An excellent supper was served, and Dr. Cothran presided as toast master. Drs. Simpson, Harris, Ulrich, Thorne, Tait, Jones, Goodfellow, Morton and Asay responded. Some of the remarks were both timely and valuable, and will be published later on in the JOURNAL.

Santa Cruz County.

The regular meeting of the Santa Cruz County Medical Society was held in Santa Cruz, October 10th, at 8 P. M. The program was as follows: "Medical Climatology and Balneology," by Dr. Sundberg; "A Demonstration of Typhoid Reactions in Blood and Urine," by Dr. Pope.

The following resolution was unanimously passed:

Whereas, After much labor on the part of the reputable physicians of the state of California, there has been enacted a law regulating the practice of medicine which aims to protect the people from the impostor and quack; and

Whereas, It has a tendency to raise the standard of medical education and promote the best interests of the medical profession; and

Whereas, the supreme court of California has upheld said law; therefore be it

Resolved, That the Santa Cruz County Medical Society does hereby express its approval of the law as it now stands, and most respectfully asks the candidates for state assemblymen from this county, George C. Cleveland and James B. Holohan, to pledge themselves that, if elected, they will work and vote against any bill to repeal or amend the law referred to.

EXETER P. VAUX, M. D., President.
SAXTON T. POPE, Secretary.

Sonoma County.

[The report of the October meeting reached us too late for publication this month, but will appear in the next issue, together with the report of the No-

vember meeting, when action is to be taken on the following resolution. It should provoke considerable discussion, and is of vital importance to every member of this vigorous and growing county society.]

The Sonoma County Medical Society will meet in Dr. Mallory's office, Santa Rosa, Cal., November 10th, at 8 P. M.

Subject, "The Good of the Medical Profession of Sonoma County." Leaders, Dr. A. B. Herrick and Dr. Smith McMullin. The following resolution will be considered, and probably voted on:

"Be it Resolved, That the members of the Sonoma County Medical Society do not enter into any contract with any lodge, association, corporation, society or individual for any consideration, whether same be money or otherwise, other than that named in the fee bill or schedule of prices adopted by this society. Also, that from and after the date of the passage of this resolution any violation of this will submit the violator to expulsion from the society, and deprive him or her from any of its benefits."

We want every member of this society to attend this meeting.

G. W. MALLORY, Secretary.

California Academy of Medicine.

The regular meeting for September was held on the evening of the 27th, Dr. Huntington, president, in the chair. Dr. C. M. Cooper presented some patients. The first was a man probably having syphilis, in whom marked benefit followed the administration of thyroid gland extract instead of potassium iodid. The second patient also probably had had syphilis for 10 or 12 years. He was markedly ataxic. The condition might have been locomotor ataxia or pseudo-tapes of syphilitic origin. There was a tumor in the abdomen that might have been a gumma. He was given potassium iodid and mercury, and in about 14 days was nearly well. The third patient (not presented) had had severe headache for eight years, growing worse. The eyes, nose, etc., had received special attention, without relief. There was found hyperesthesia of the scalp. A skiogram was taken, and it showed that the patient was suffering from an osteo-sclerotic condition of the skull. The question presented itself whether surgical interference would be of any avail. Dr. Cooper also exhibited a skiogram of a knee joint into which iodized sesame oil had been injected. It showed very markedly the iodine deposited or retained in the joint.

Dr. Moffitt thought there was decidedly too much diagnosis of "functional" disorders; it often meant a lack of proper diagnosis. He cited a case similar to Dr. Cooper's, of an osteo-sclerotic condition. In discussing the subject generally, he expressed the opinion that there was more cerebro-spinal lues in San Francisco than in any other city in America. Dr. George Blumer spoke of a case of sclerosis of the bones in which he had found, at autopsy, a greatly enlarged pituitary body. Dr. George Evans discussed the use of iodized sesame oil, and gave an outline of his own experience with it, he having found iodine in the urine several months after discontinuing its use. Dr. Tait asked if spinal puncture had been resorted to as a diagnostic aid. Dr. Cooper said there was nothing to indicate akromegaly, and he hardly suspected it, though the possibility certainly did exist.

Dr. L. W. Allen read a paper entitled "Papilloma of the Colon Undergoing Malignant Degeneration." The report went to show that a patient having an abdominal tumor might be greatly reduced physically, yet recover sufficiently to permit of operative relief. Drs. Tait and Ophuls called attention to the general laxity of expression in the use of "papilloma" as defining neoplasms.

Dr. Dudley Tait presented and discussed the merits of a new analgesic, stovain (not patented), which he said had been discovered by some French chemists, and is now being used in Paris to determine its value.